

Casualty Triage



COMBAT MEDIC ADVANCED SKILLS TRAINING (CMAST)

Introduction

- Familiarity with the principles of casualty triage.
- Perform casualty triage in a given situation.
- Understand patient triage vs. evacuation categories.

Casualty Triage

- Mass casualty (MASCAL) situations occur when the number of casualties exceeds the available medical capability to rapidly treat and evacuate them.
 - The actual numbers varies depending on available resources
 - May be a soldier medic having to manage more than one casualty at a time

Casualty Triage

- System used for categorizing and sorting casualties according to severity of their injuries and available resources:
 - Survey and classify casualties for the most efficient use of available medical personnel and supplies



Casualty Triage

- Treatment first towards the casualties who have the best chance to survive
- Locate troops with minor wounds and return them



Casualty Triage

- Determine the tactical and environmental situation.
 - Necessity to transport casualties to a more secure collection point for treatment.
 - Number and location of injured.
 - Severity of injuries.
 - Available assistance: self-aid, CLS, medical personnel.
 - Evacuation support capabilities and requirements.

Casualty Triage

- Establishing triage, treatment and holding areas.
 - May be established in existing MTF, an available shelter or outdoors



Casualty Triage

- Existing MTF for MASCAL stations:
 - Triage area
 - Easily accessed
 - Sufficient space
 - Controlled flow
 - Surgical detachment
 - Holding areas for each triage category
 - Marking (casualty triage tags)

Casualty Triage

- Outdoor MASCAL stations:
 - Overhead cover; available shade
 - Triage area accessible
 - Outdoors
 - Inclement weather planned for
 - Improvised shelter
 - CBRN threat?



Casualty Triage

- Triage is the process of prioritizing soldiers on the basis of their individual needs for medical intervention.
- The likely outcome of the individual casualty must be factored into the decision process prior to the commitment of limited resources.

Casualty Triage

- Casualties are generally sorted into the following four categories (or priorities).
- * *Remember:* Triage is an ongoing process of reassessment which may change the casualties' triage category.

Casualty Triage

- Sort multiple casualties into priorities.
- Conventional battlefield casualties.
 - Immediate: immediate treatment to save life, limb or eyesight
 - Delayed: casualties who have less risk of losing life or limb
 - Minimal: “walking wounded”, self-aid or buddy-aid
 - Expectant: casualty so critically injured that only complicated and prolonged treatment offers any hope of improving life expectancy

Casualty Triage

- Integrated battlefield casualties.
 - Immediate: conventional life threats; no CBRN
 - Chemical Immediate: severe chemical life threats; no conventional threat
 - Delayed: no conventional life threats; mild chemical threat
 - Minimal: minor conventional injuries; no chemical
 - Expectant: conventional life threats; severe chemical threat

Evacuation Categories

- Evacuation - Urgent.
- Evacuation required as soon as possible; no later than 2 hours to save life, limb or eyesight.
 - Casualties condition(s) cannot be controlled and have the greatest opportunity for survival
 - Cardiorespiratory distress
 - Shock not responding to IV therapy

Evacuation Categories

- Evacuation - Urgent (cont'd).
 - Prolonged unconsciousness
 - Head injuries with signs of increasing ICP
 - Burns covering 20% to 85% of TBSA



Evacuation Categories

- Evacuation - Urgent Surgical.
- Evacuation required for casualties who must receive far forward surgical intervention to save life and stabilize for further evacuation.
 - Decreased circulation in the extremities
 - Open chest and/or abdominal wounds with decreased blood pressure
 - Penetrating wounds

Evacuation Categories

- Evacuation - Urgent Surgical (cont'd).
 - Uncontrollable bleeding or open fractures with severe bleeding
 - Severe facial injuries
 - Burns on hands, feet, face, genitalia or perineum, even if under 20% TBSA

Evacuation Categories

- Evacuation - Priority.
- Evacuation is required within 4 hours or casualty's condition could become worse and become an "urgent" or "urgent surgical" category condition.
 - Closed-chest injuries
 - Brief periods of unconsciousness
 - Soft tissue injuries and open or closed fractures

Evacuation Categories

- Evacuation - Priority (cont'd).
 - Abdominal injuries with no decreased blood pressure
 - Eye injuries that do not threaten eyesight
 - Spinal injuries

Evacuation Categories

- Evacuation - Routine.
- Evacuation required within 24 hours for casualties requiring additional care.
 - Simple fractures
 - Open wounds including chest injuries without respiratory distress
 - Psychiatric cases
 - Terminal cases

Evacuation Categories

- Evacuation - Convenience.
- Evacuation of casualties by medical vehicle is a matter of convenience rather than necessity.
 - Minor open wounds
 - Sprains and strains
 - Minor burns under 20% of TBSA

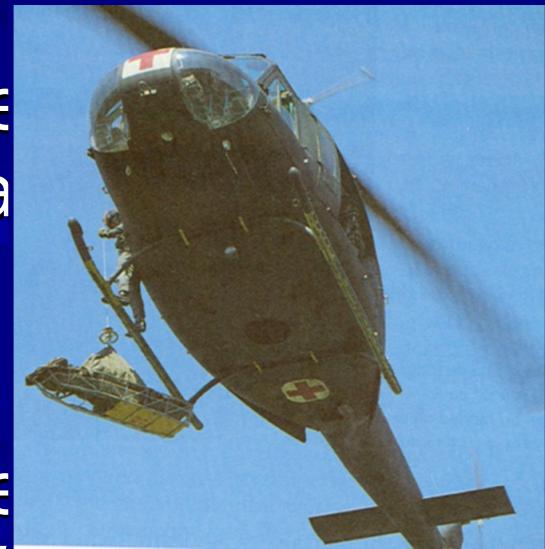


Medical Evacuation Request



Medical Evacuation Request

- Prepare a standard nine-line Medevac request.
 - Line 1: Pickup location
 - Line 2: Radio frequency, call sign and suffix
 - Line 3: Number of casualties, precedence (*evacuation*) category
 - Line 4: Special equipment required
 - Line 5: Number of casualties by type (*ambulatory vs. litter*)



Medical Evacuation Request

- Prepare a standard nine-line Medevac request.
 - Line 6: Security of pickup site (*wartime*) or number/type of wounded/injured/illness (*peacetime*)
 - Line 7: Method of marking pickup site
 - Line 8: Casualty's nationality and status



Medical Evacuation Request

- Prepare a standard nine-line Medevac request.
 - Line 9: NBC contamination (wartime) or terrain description (peacetime)
 - NBC contamination, if any - otherwise omit this line
 - Terrain description including details of terrain features in and around proposed landing site

*As a minimum, the first five items must be provided in the exact sequence listed.

Summary

- A firm understanding of triage will help the soldier medic maximize resources and reduce complications.
- Identify steps in performing triage.
- Perform a triage in a given situation.
- Identify triage categories.
- Identify evacuation categories.

Questions?

